

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

32062

State File No. 83946

BIRTH NO. _____		REG. DIST. NO. <u>155</u>		PRIMARY REG. DIST. NO. <u>3/27</u>		Registrar's No. <u>9746</u>		
1. PLACE OF DEATH a. COUNTY <u>Jasper</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR <u>Webb City, Mo</u> TOWN		c. LENGTH OF STAY (In this place) <u>1 day</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR <u>Rural Joplin</u> TOWN				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Jane Chinn Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>R#1 Joplin</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary</u> b. (Middle) <u>Lou</u> c. (Last) <u>Southard</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>September 24, 1952</u>					
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Child</u>		8. DATE OF BIRTH <u>January, 19 1950</u>		
9. AGE (In years) <u>2</u> last birthday		10. UNDER 1 YEAR Months <u>8</u> Days <u>5</u>		11. UNDER 100 Hrs. Hours <u>5</u> Mins.				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Child</u>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Webb City, Missouri</u>		
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>								
13a. FATHER'S NAME <u>Forrest Miller Southard</u>			13b. MOTHER'S MAIDEN NAME <u>Pauline Jeans</u>			14. NAME OF HUSBAND OR WIFE		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Forrest Miller Southard</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Neurocirculatory Collapse</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Adrenal Insufficiency</u> DUE TO (c) <u>Extensive 3rd degree burns of trunk & all extremities</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>4 hrs</u> <u>10 hrs</u> <u>23 hrs</u> <u>8 9/16 0</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? <u>1/6</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>None</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>R#1 Joplin, Jasper, Mo</u>				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>9 23 52 1952</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>struck by car caught on</u>				
22. I hereby certify that I attended the deceased from <u>9-23</u> , 19 <u>52</u> , to <u>9-24</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>9-24</u> , 19 <u>52</u> , and that death occurred at <u>12:29 pm</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>D. J. Gregory</u>				23b. ADDRESS <u>Webb City, Mo.</u>		23c. DATE SIGNED <u>9/26/52</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9/29/52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Fullerton Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Carthage Mo.</u>		
DATE REC'D BY LOCAL REG. <u>9/26/52</u>		REGISTRAR'S SIGNATURE <u>Mrs. Madeline Switzer</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Hedge-Lewis Funeral Home Webb City</u>				

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 9-29-52
Jasper County Health Office

County File Number 52/9/750

Date Filed 9-29-52

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Richard Gray Lewis

Licensed Embalmer No. 4405

P. O. Address Webb City, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.